<div align="center">REMARKS</div>

<div align="center">Claim Rejections-35 U.S.C §103</div>

The rejection of claims 53, 54, 59, and 60 under 35 U.S.C. §103(a) as being unpatentable over <u>Glazer</u> in light of <u>Garcia</u> and in further view of <u>Family Practice Management</u> is respectfully traversed.

Claims 53 and 59 require a system allowing patients to self-schedule appointments on the Internet but "only if the patient's completion of previous appointments exceeds a predefined threshold". The present invention thus provides a simple, practical, and ethical way to avoid to the risk that convenient self-scheduling of appointments over the Internet will increase patient "no-shows". The invention uses the very convenience of Internet self-scheduling as an incentive not to abuse Internet self-scheduling.

While the Examiner has found references that teaches an Internet self scheduling system (<u>Glazer</u>), and several references (<u>Garcia</u>, <u>Daley</u> and <u>Zuckoff</u>) that describes tracking a patient's record of appointment completion for other purposes, none of the references alone or in combination teach conditioning the privilege of Internet self scheduling on the patient's history of appointment completion. Thus, it is respectfully submitted that the Examiner has failed to make a prima facia case for rejection under §103.

<u>Glazer</u>

The Applicant agrees that <u>Glazer</u> teaches self-scheduling by a patient over the Internet but does not agree that <u>Glazer</u> teaches tracking appointment completion statistics. The Examiner suggests at page 3 of the Office Action that <u>Glazer</u> teaches "reviewing a record of the patient's completion of previous appointments", but notes at page 4 that "<u>Glazer</u> does not teach recording statistics on completed appointments". The cited sections of <u>Glazer</u> describe only a database that records "past system usage information" with no additional detail about what this means. The Applicant believes that this language is not sufficient to support the argument that <u>Glazer</u> tracks patient "no-shows" such as would matching system usage by the patient in making appointments and system usage by a healthcare professional recording whether the patient kept the appointment, the latter which is not described.

Because <u>Glazer</u> does not teach tracking "no-shows", <u>Glazer</u> cannot teach the claim limitation of changing the patient's scheduling privileges based on a tracking of the patient's "no-shows". The Examiner states that <u>Glazer</u> teaches "the ability to deny an appointment" (page 4) but the present invention does not deny appointments; the present invention allows appointments at all times simply changing the way appointments need to be made.

Garcia

Garcia does not remedy the deficiency of Glazer described above. While Garcia tracks patient appointment compliance, it is not used for the purpose of controlling access to Internet scheduling. Thus, Garcia also fails to teach the claim limitation of:

> automatically schedul[ing] the medical appointment on behalf of the patient only if the patient's completion of previous appointments exceeds a predefined threshold and otherwise requiring the patient to schedule an appointment through a human intermediary.

Family Practice Management

These articles generally describe the great costs to healthcare organizations from patient "no-shows". As noted above, however, the widespread recognition of the problem of patient no-shows in fact strongly teaches away from Internet self-scheduling of any kind, because such self-scheduling was widely expected to increase patient no-shows. This expectation was based on the anonymous nature of Internet scheduling, which would lower any embarrassment about rescheduling, and the ease of rescheduling canceled appointments using the Internet, which would lower the costs of canceling, and the possibility of "cluster scheduling" in which the patient makes multiple placeholder appointments pending a better knowledge of their own schedule.

Again none of these references teach the claim limitation of:

> automatically schedul[ing] the medical appointment on behalf of the patient only if the patient's completion of previous appointments exceeds a predefined threshold and otherwise requiring the patient to schedule an appointment through a human intermediary.

The cited references together make a convincing argument that the problem of patient no-shows was well known but that no satisfactory means had been developed for addressing the aggravation of this problem by the convenience and anonymity of Internet self-scheduling. The cited references that teach problems with no-shows teach away from the present invention by proposing: taking no action, allowing repeated rescheduling, or by providing additional lead-time or reminder calls to the patient. Unlike the present invention these solutions are disproportionately costly to the health care provider and provide essentially no incentive to the patient to be responsible in self-scheduling.

The present inventors were the first to recognize that the Internet's very convenience could be used to encourage patients to use Internet scheduling responsibly. With the invention, the privilege of Internet scheduling becomes tied to how patients use this privilege.

This elegant and ethically appropriate method of addressing any patient abuse of self-scheduling is not fairly taught or suggested in the prior art.

      In light of these comments is respectfully submitted that claims 49-60, including independent claims 53 and 59 and those claims dependent on these claims, are now in condition for allowance and allowance is respectfully requested.

                        Respectfully submitted,

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